

Join Us Over February Break...

8:00 am- 4:00 pm or 8:00 am- 5:30



What to Bring:

A lunch, two snacks, and weather appropriate clothing in case we play outside!

Schedule of Events:

Tuesday—Mardi Gras Party!

Mardi Gras comes early this year! Wear your purple, green and gold. Make bead necklaces, Mask making, Mardi Gras activities from around the world, and indulging in some Fat Tuesday treats



Wednesday—Planes, Trains and Automobiles!

Make paper airplanes and things that move, Arts and Crafts, Games, Sports

Thursday—Backwards Day!

Dress in a crazy outfit and be prepared to do things a little different today. Backwards games, zany crafts, and even a mad hatter style tea party.



Friday—Pajama Party!

Games, arts and crafts, movies, popcorn, and don't forget to wear your pj's!

IN THE EVENT OF ADVERSE WEATHER: Please call Truro Recreation at 508.487.1632 x22 after 6:30 am or check our website www.truro-ma.gov/recreation for cancellation info.

Fees Per Day:

8 am- 4:00 pm = \$25 for the 1st child
\$20 for each additional

8 am- 5:30 pm = \$30 for the 1st child
\$25 for each additional

If you are a parent volunteer, then your child comes for free while you volunteer!

VOLUNTEERING:

Truro Recreation is seeking volunteers to help us supervise. Volunteers must be 16 or older and will be CORI checked. Parent/Guardian volunteers would have their child(ren)'s fees waived for the time period they volunteer.

Please turn in your registration form (both sides), along with your payment by cash or check.

Please tear along this line and return to Truro Recreation.

2011 February Vacation Program Registration

Please return this form to Truro Recreation along with your check or cash.

Child's Name: _____

Grade: _____ School: _____ DOB: _____ Gender: _____

Residential Address (Including town, if other than Truro):

Mailing Address (Including town, if other than Truro):

Parent/Guardian (1): _____

Home Phone (1): _____

Cell Phone (1): _____

Work Phone (1): _____

Email (1): _____

May we contact you by email with Rec Info? Yes____ No____

Parent/Guardian (2): _____

Home Phone (2): _____

Cell Phone (2): _____

Work Phone (2): _____

Email (2): _____

May we contact you by email with Rec Info? Yes____ No____

Emergency Contact: _____

Relationship to child: _____

Contact's Phone: _____

Other people your child can be released to:

Child's Physician: _____

Physician's Phone: _____

Days/Times Participating:

- ☐ Tues (8-4) ☐ Wed (8-4) ☐ Thurs (8-4) ☐ Fri (8-4)
☐ Tues (8-5:30) ☐ Wed (8-5:30) ☐ Thurs (8-5:30) ☐ Fri (8-5:30)

PLEASE TURN OVER AND COMPLETE THE BACK OF THE REGISTRATION FORM. YOUR CHILD WILL NOT BE REGISTERED IF THE BACK IS NOT COMPLETED.

PLEASE NOTE: THE FOLLOWING QUESTIONS ARE USED ONLY TO HELP TRURO RECREATION APPROPRIATELY ACCOMMODATE PARTICIPANTS TO THE BEST OF THE DEPARTMENT'S ABILITY.

Please list any allergies, health concerns, medical equipment (pace makers, hearing aids, etc.), or special needs (activity restrictions, phobias, unable to be photographed, etc.):

Please note above if your child's images CANNOT be used in promotional materials.

Would you be interested in volunteering to help supervise (thereby allowing your child to come for free that day)?

Yes_____ No_____

I can help....

Any Day_____ Only this day _____

By signing this permission form for my child to participate in the Truro Recreation Vacation Program, I agree to the following:

I give permission for my child to receive medical treatment in the event of injury while participating the program;

I have noted above if my child's image CANNOT be used in promotional materials. No indication means that my child's image CAN be used in promotional materials for the Recreation Department.

I, the undersigned parent/ guardian of the minor child named above, hereby consent to the child's participation in the below listed recreation program(s) conducted, supervised, sponsored, or otherwise controlled by the Town of Truro and the Truro Recreation Department for the duration of the Program. In consideration of the Town admitting the child to this program or event, I agree on behalf of the child and myself to release the Town and Department, and their respective officers, employees (including volunteer staff) and agents from and against all liability, loss, damage, costs, and claims which may arise by reason of personal injury or property damage arising from the child's participation in the below referenced activities, and I also agree to indemnify and hold harmless the Town and Department and their respective officers and employees (including volunteer staff) and agents from and against all liability, loss, damage, and costs that the Town or Department may incur by reason of claims for personal injury or property damage arising from the child's participation in the below referenced activity. "Participation" is deemed to include daily program activities, **field trips**, and transportation to and from the same.

(Date)

(Signature of Parent/Guardian)

Please tear along this line and return to Truro Recreation.

BACK BY POPULAR DEMAND!



TRURO RECREATION

Vacation Program February 2011

Tuesday February 22- Friday February 25, 2011
8:00 am- 4:00 pm or 8:00 am- 5:30 pm

Registration Form Ages 4-13

SIGN UP FOR THE DAY or FOR THE WEEK

Ways to Register:

- Drop off at the TRURO COMMUNITY CENTER
25 Library Lane (7 Standish Way)
North Truro
- Returned with the child through Truro Central School
by **FRIDAY FEBRUARY 11, 2011**

SPACE IS LIMITED SO REGISTER TODAY!

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Contact Information:

Director: Kelly Sullivan
Truro Recreation
Phone: 508.487.1632

Assistant Director: Damion Clements
P.O. Box 2030 Truro, MA 02666
Email: Recdirector@truro-ma.gov

www.truro-ma.gov/recreation